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Bib Data Sheet

CONFIRMATION NO. 4175

SERIAL NUMBER 10/689,455	FILING DATE 10/20/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. CCF-6352NP
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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/420,079 10/21/2002 *DR 2-17-06*

** FOREIGN APPLICATIONS *****
DR 2-17-06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
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TITLE
 Electrical stimulation of the brain

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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